



Member Information Sheet

Contact Information

Name: _____

Title: _____ Credentials: _____

Organization: _____

Address: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Race/Ethnicity (optional): _____

Organization Sector - Please select one that best describes your affiliation or organization.

<input type="checkbox"/> Business and Industry	<input type="checkbox"/> Labor Organization/Unions
<input type="checkbox"/> Civic Organizations	<input type="checkbox"/> Managed Care Organizations
<input type="checkbox"/> Community Members or Consumers	<input type="checkbox"/> Occupational Health Organizations
<input type="checkbox"/> Environmental or Env.-Health Org.	<input type="checkbox"/> Physicians and Other Health Care Workers
<input type="checkbox"/> Faith Institutions	<input type="checkbox"/> Professional Public Health and Health Care Assoc.
<input type="checkbox"/> Foundations or Philanthropic Organizations	<input type="checkbox"/> Public Safety and Emergency Response Organizations
<input type="checkbox"/> Government Agencies	<input type="checkbox"/> Schools
<input type="checkbox"/> Hospitals and Health Care Facilities	<input type="checkbox"/> Social Service Providers
<input type="checkbox"/> Institutions of Higher Education	<input type="checkbox"/> Transportation Providers

DPAC Workgroups and Committees - Please select the one that you plan to participate in at this meeting.

Workgroup/Committee	Purpose
<input type="checkbox"/> Communication/Public Awareness Workgroup	Increase public awareness and improve DPAC internal communication.
<input type="checkbox"/> Advocacy/Policy Workgroup	Advocate for people with diabetes; address health disparities and access to care issues.
<input type="checkbox"/> Training and Education Programs Workgroup	Improve and promote culturally relevant and sensitive diabetes education services and care.
<input type="checkbox"/> Prevention Workgroup	Expand diabetes primary prevention activities.
<input type="checkbox"/> Data/Research Workgroup	Identify and enhance available data systems; support other DPAC workgroups' data needs.
<input type="checkbox"/> Membership Committee	Recruit and retain broad-based DPAC membership.

I, _____, agree to join DPAC, to endorse the DPAC membership expectations, and to promote the mission of DPAC. I also give permission to include my name on written materials or web sites as a supporter of DPAC.

Signature

Date

Please return to:

Fax: Megan Goff , 517-335-9461
Mail: Michigan Department of Community Health, Diabetes Section,
C/O Megan Goff, 109 Michigan Ave, 7th Floor, Lansing, MI 48913